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| Application Data Sheet 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        | Attorney Docket Number | 112857-767 |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------|------------|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | Application Number     |            |  |  |  |  |  |
| Title of Invention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on INFORMATION PROCESSING DEVICE, INFORMATION RECORDING MEDIUM AND INFORMATION PROCESSING METHOD, AND COMPUTER PROGRAM |                        |            |  |  |  |  |  |
| The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application. |                                                                                                                        |                        |            |  |  |  |  |  |

## Secrecy Order 37 CFR 5.2

Applicant Information:

| Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to |
|---------------------------------------------------------------------------------------------------------------------------|
| <br>37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)           |

| Applicant 1                           |                            |                      |               |                      |                         |               |  |
|---------------------------------------|----------------------------|----------------------|---------------|----------------------|-------------------------|---------------|--|
| Applicant Authority                   | ● Inventor  ○              | )Legal Representativ | ve under 35 U | .S.C. 117            | Party of Interest under | 35 U.S.C. 118 |  |
| Prefix Given Name                     |                            | Middle Na            | me            | Fan                  | Family Name             |               |  |
| Kenjiro                               |                            |                      |               | Ued                  | а                       |               |  |
| Residence Informat                    | ion (Select One            | e) US Residend       | y   Nor       | US Residenc          | y Active US Military    | Service       |  |
| City Kanagawa                         |                            | Country Of Re        | esidencei     | JP                   |                         |               |  |
| Citizenship under 37                  | CFR 1.41(b) i              | JP                   |               | ,                    |                         |               |  |
| Mailing Address of                    | Applicant:                 |                      |               |                      |                         |               |  |
| Address 1                             | c/o Sony Cor               | rporation            |               |                      |                         | •             |  |
| Address 2                             | 7-35, Kitashir             | nagawa 6-chome, SI   | hinagawa-ku   |                      |                         |               |  |
| City Tokyo                            | .,                         |                      | State         | /Province            |                         | •             |  |
| Postal Code                           |                            |                      | Countryi      | Japan                |                         |               |  |
| Applicant 2                           | -                          |                      |               |                      |                         |               |  |
| Applicant Authority                   | <ul><li>Inventor</li></ul> | )Legal Representativ | e under 35 U  | .S.C. 117            | Party of Interest under | 35 U.S.C. 118 |  |
| Prefix Given Name                     |                            | Middle Na            | me            | Fan                  | nily Name               | Suffix        |  |
| Katsumi                               |                            | 8                    |               |                      | Muramatsu               |               |  |
| Residence Informat                    | ion (Select One            | e) US Residence      | y ( Nor       | US Residend          |                         | Service       |  |
| City Tokyo                            |                            | Country Of Re        |               | JP                   |                         | ******        |  |
| Citizenship under 37                  | CFR 1.41(b)                | JP                   |               |                      |                         |               |  |
| Mailing Address of                    |                            |                      |               |                      |                         |               |  |
| Address 1                             | c/o Sony Cor               | poration             |               |                      | <del></del>             |               |  |
| Address 2                             | 7-35, Kitashir             | nagawa 6-chome, Sh   | ninagawa-ku   |                      |                         |               |  |
| City Tokyo                            |                            |                      | State         | Province             |                         |               |  |
| Postal Code                           |                            |                      | Countryi      | Japan                |                         |               |  |
| 4 0 10                                | <u> </u>                   |                      |               |                      |                         |               |  |
| Applicant 3                           | @Inventor O                | )Legal Representativ | e under 35 II | S C 117              | Party of Interest under | 351150 118    |  |
| Applicant Authority Prefix Given Name | © IIIveritor   O           | Middle Na            |               |                      | 1                       |               |  |
| Tateo                                 |                            | I WIGGIE Na          |               |                      | nily Name               | Suffix        |  |
| Residence Informat                    | ion (Salact One            | e) () US Residend    | y ( ) Non     | Oish<br>US Residence | ·                       | Condes        |  |
| City Saitama                          | ion (select One            | Country Of Po        | <del> ,</del> |                      | y Active US Military    | Service       |  |

112857-767

PTO/SB/14 (08-05)

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Attorney Docket Number

**Application Number** 

Application Data Sheet 37 CFR 1.76

| Title of Invention INFORMATION PROCESSING DEVICE, INFORMATION RECORDING MEDIUM AND INFORMATION PROCESSING METHOD, AND COMPUTER PROGRAM |                                                                                      |                                                                                                                     |              |            |          |         |       |                       |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------|------------|----------|---------|-------|-----------------------|------------|---------|
| Citizenship under 37                                                                                                                   | CFR 1.41(b) i                                                                        | JP                                                                                                                  |              |            |          |         |       |                       |            |         |
| Mailing Address of A                                                                                                                   | oplicant:                                                                            |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Address 1                                                                                                                              | Address 1 c/o Sony Corporation                                                       |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Address 2                                                                                                                              | 7-35, Kitashina                                                                      | gawa 6                                                                                                              | 3-chome, Sh  | ninagawa-l | cu .     |         |       |                       |            |         |
| City Tokyo                                                                                                                             | · <del>······</del>                                                                  |                                                                                                                     |              | S          | ate/Pro  | vince   |       |                       |            |         |
| Postal Code                                                                                                                            |                                                                                      |                                                                                                                     |              | Countr     | yi Jap   | an      |       |                       |            |         |
| Applicant 4                                                                                                                            |                                                                                      |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Applicant Authority                                                                                                                    | Inventor OL                                                                          | egal Re                                                                                                             | epresentativ | e under 3  | 5 U.S.C. | 117     |       | Party of interest und | er 35 U.S. | .C. 118 |
| Prefix Given Name                                                                                                                      |                                                                                      |                                                                                                                     | Middle Na    | me         |          | Fa      | amily | / Name                |            | Suffix  |
| Motoki                                                                                                                                 |                                                                                      |                                                                                                                     |              |            |          | Ka      | ato   |                       |            |         |
| Residence Information                                                                                                                  | on (Select One)                                                                      | Οu                                                                                                                  | IS Residenc  | <b>У</b>   | Non US   | Reside  | ncy   | Active US Milita      | ry Service |         |
| City Kanagawa                                                                                                                          |                                                                                      | Cou                                                                                                                 | ntry Of Re   | sidence    | JP       |         |       |                       |            |         |
| Citizenship under 37                                                                                                                   | CFR 1.41(b) i                                                                        | JP                                                                                                                  |              |            |          |         |       |                       |            |         |
| Mailing Address of A                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Address 1                                                                                                                              | c/o Sony Corpo                                                                       |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Address 2                                                                                                                              | 7-35, Kitashina                                                                      | gawa 6                                                                                                              | 5-chome, St  |            |          |         |       |                       |            |         |
| City Tokyo                                                                                                                             |                                                                                      |                                                                                                                     |              |            | ate/Pro  |         |       |                       |            |         |
| Postal Code                                                                                                                            |                                                                                      |                                                                                                                     |              | Countr     |          |         |       |                       |            |         |
| All Inventors Must Be generated within this for                                                                                        |                                                                                      |                                                                                                                     |              | Informatio | n block  | s may   | / be  | Add                   | ř.         |         |
| Correspondence                                                                                                                         | ***************************************                                              |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Enter either Custome<br>For further information                                                                                        |                                                                                      |                                                                                                                     |              | esponde    | nce Inf  | ormati  | on s  | ection below.         |            |         |
| An Address is be                                                                                                                       | ing provided fo                                                                      | or the                                                                                                              | correspor    | ndence Ir  | format   | ion of  | this  | application.          |            |         |
| Customer Number                                                                                                                        | 29175                                                                                |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Email Address                                                                                                                          | patents@be                                                                           | ellboyd.                                                                                                            | com          |            |          |         |       | Add:Email             | Remove     | Email   |
| Application Info                                                                                                                       | rmation:                                                                             |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Title of the Invention                                                                                                                 |                                                                                      | INFORMATION PROCESSING DEVICE, INFORMATION RECORDING MEDIUM AND INFORMATION PROCESSING METHOD, AND COMPUTER PROGRAM |              |            |          |         |       |                       |            |         |
| Attorney Docket Num                                                                                                                    | ber 112857-767                                                                       |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Application Type                                                                                                                       | Nonprovision                                                                         | onal                                                                                                                |              |            |          |         |       |                       |            |         |
| Subject Matter                                                                                                                         | Utility                                                                              |                                                                                                                     |              |            |          |         |       |                       |            |         |
| Suggested Class (if a                                                                                                                  | ny)                                                                                  |                                                                                                                     |              |            | Sub C    | ass (if | fany  | )                     |            |         |
| Suggested Technolog                                                                                                                    | gy Center (if an                                                                     | y)                                                                                                                  |              | •          |          | •       |       |                       |            |         |
| Total Number of Drav                                                                                                                   | Total Number of Drawing Sheets (if any) 30 Suggested Figure for Publication (if any) |                                                                                                                     |              |            |          |         |       |                       |            |         |

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| Application Data Sheet 37 CFR 1.76             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Attorney Docket Number 112857-767 |                    |                      |               |               |              |            |
|------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------|----------------------|---------------|---------------|--------------|------------|
|                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Α                                 | Application Number |                      |               |               |              |            |
| Title of Invention                             |                        | MATION PROCESSIN<br>ESSING METHOD, AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                    |                      | CORDING M     | EDIUM AND     | INFORMA      | TION       |
| Publication Inform                             | nation:                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                    |                      |               |               |              |            |
| Request Early                                  | Publica                | ation (Fee required at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tin                               | ne of Red          | quest 37 CFR 1.2     | !19)          |               |              |            |
| and certify the                                | at the in              | sh. I hereby request invention disclosed in to other country, or under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | he                                | attached           | application has      | not been an   | d will not be | the subje    | ct of an   |
|                                                | mation :               | ormation:  should be provided found be provided for the should be provided for complement or complem | ot c                              | onstitute a        | a power of attorney  | in the applic |               | CFR 1.32)    | ١.         |
| are completed the Co                           | stomer                 | Number will be used for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | Represe            | ntative Information  | during proce  |               |              |            |
| Please Select One                              |                        | <ul> <li>Customer Number</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | O US               | Patent Practitione   | r O U         | S Representa  | tive (37 CF  | ·R 11.9)   |
| Customer Number                                |                        | 29175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                    |                      |               |               |              |            |
| application data shee<br>(4), and need not oth | et constit<br>erwise b | plicant to claim benefit utes the specific referer<br>e made part of the spec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nce                               | required b         |                      |               | 37 CFR 1.78   | (a)(2) or CI |            |
| Prior Application                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                    |                      |               |               | move (       |            |
| Application Nur                                | nber                   | Continuity <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Гур                               | е                  | Prior Applicati      | on Number     | Filing Da     | ite (YYYY    | -MM-DD     |
| Additional Domest the Add button.              | ic Priori              | l<br>ty Data may be gen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | era                               | ted withi          | n this form by s     | electing      |               |              |            |
| Foreign Priori                                 | ity Inf                | ormation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                    |                      |               |               |              |            |
|                                                |                        | plicant to claim benefit of<br>formation in the applicat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                    |                      |               | y as required | by 35 U.S.   |            |
|                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                    |                      |               | 111-20        | move         |            |
| Application Nur                                | nber                   | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                    | Parent Filing D      | ate (YYYY-I   | MM-DD)        | -            | y Claimed  |
| P2004-353637                                   | B-2- "                 | JAPAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                    | 2004-07-12           | 2' 41         | ·             | • Yes        | O No       |
| Add button.                                    | Priority               | Data may be genera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ited                              | within ti          | his form by selec    | ting the      |               |              |            |
| Assignee Info                                  | rmati                  | ion:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                    |                      |               |               |              |            |
|                                                |                        | he application data she<br>ment recorded in the O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                    | ubstitute for compli | ance with any | requirement   | of part 3 o  | f Title 37 |
| Assignee 1                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                    |                      |               |               |              |            |
| If the Assignee is a                           | n Orgai                | nization check here.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | X                  |                      |               |               |              |            |

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| Application Da                     | to Shoot 27 CER 1 76                                                                                                | Attorney Docket Number | 112857-767 |  |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------|------------|--|
| Application Data Sheet 37 CFR 1.76 |                                                                                                                     | Application Number     |            |  |
| Title of Invention                 | INFORMATION PROCESSING DEVICE, INFORMATION RECORDING MEDIUM AND INFORMATION PROCESSING METHOD, AND COMPUTER PROGRAM |                        |            |  |

| Organization Name                                   | Sony Corporation          |                |  |  |  |  |
|-----------------------------------------------------|---------------------------|----------------|--|--|--|--|
| Mailing Address Info                                | rmation:                  |                |  |  |  |  |
| Address 1 7-35, Kitashinagawa 6-chome, Shinagawa-ku |                           |                |  |  |  |  |
| Address 2                                           |                           |                |  |  |  |  |
| City Tokyo                                          |                           | State/Province |  |  |  |  |
| Country   JP                                        |                           | Postal Code    |  |  |  |  |
| Phone Number                                        |                           | Fax Number     |  |  |  |  |
| Email Address                                       |                           | 3              |  |  |  |  |
| Phone Number Email Address                          | lata may be generated wit |                |  |  |  |  |

## Signature:

| A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature. |                       |  |                   |                     |       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|-------------------|---------------------|-------|--|--|--|
| Signature                                                                                                                                                    | /Thomas C. Basso/     |  | Date (YYYY-MM-DD) | 2006-05-22          |       |  |  |  |
| First Name                                                                                                                                                   | lame Thomas Last Name |  | Basso             | Registration Number | 46541 |  |  |  |

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain e benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application deta sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.